



**Medical Policy
Therapeutic Lens**

Document Number: 005

	Commercial and Qualified Health Plans	MassHealth
Authorization required	X	X
No Prior Authorization		

Overview

The purpose of this document is to describe the guidelines AllWays Health Partners utilizes to determine medical appropriateness for therapeutic lenses for AllWays Health Partners members. The treating specialist must request prior authorization for therapeutic lens.

Coverage Guidelines

AllWays Health Partners covers therapeutic lens (Conventional and Scleral Lens) when authorized prior to the procedure and meets medical necessity criteria. The specialist and/or the primary care provider are responsible for providing all necessary clinical information. Medical necessity criteria are based upon a review of current medical literature and local practices.

Conventional Contact Lens

AllWays Health Partners considers conventional contact lens (hard, soft, or gas-permeable) medical necessary for members with any of the following medical conditions:

- Keratoconus
- Anisometropia of more than 3.00 diopters (D)
- Hyperopia of more than 7.00D
- Myopia of more than 7.00D

Scleral Lens

AllWays Health Partners covers Scleral Lens for members with either impaired vision who require medically necessary vision correction **when conventional glasses/rigid contacts are insufficient**, and the scleral lens will significantly improve vision, or for members who require a moist corneal bandage (scleral lens) for medical treatment of severe ocular surface disease; and **when conservative treatments** have failed to treat one of the following conditions:

1. Severe Dry Eye Disease/Dry Eye Syndrome
 - a. Ocular chronic graft versus host disease (GVHD)
2. Limbal Stem Cell Deficiency
 - a. Stevens-Johnson syndrome (SJS) or toxic epidermal necrolysis syndrome (TENS)
 - b. Aniridia
 - c. Cicatricial conjunctivitis/ ocular cicatricial pemphigoid
 - d. Chemical/thermal injury
3. Neurotrophic Keratitis
 - a. Congenital Corneal Anesthesia

- Familial dysautonomia
- Post-surgery for trigeminal nerve dysfunction
- Seckles Syndrome
- b. Acquired Neurotrophic Keratitis
 - Herpes simplex (ocular herpes)
 - Diabetes
 - Post-surgery for acoustic neuroma
- 4. Corneal Degenerations and Dystrophies such as
 - a. Keratoconus
 - b. Pellucid marginal degeneration
 - c. Terrien's marginal degeneration
- 5. Post Operative Astigmatism
 - a. Cornea transplant -penetrating keratoplasty or PK
 - b. Radial keratotomy (RK)
 - c. Photorefractive keratectomy (PRK)
 - d. LASIK
- 6. Extensive corneal scarring after trauma or infection that leads to blindness and is cosmetically disfiguring

PROSE (Prosthetic Replacement of the Ocular Surface Ecosystem) Lens:

Requests for PROSE (the scleral cover shell) will be reviewed on a case by case basis. Prior authorization is required. As part of the review, contraindications to conventional treatment will be given consideration.

Exclusions

1. Scleral lens for conditions for any reason other than listed above.
2. Vision problems related to diabetes unless as listed above.

Definitions

Anisometropia: A condition in which the lenses of the two eyes have different focal lengths and are in different states of myopia (nearsightedness) and hyperopia (farsightedness).

Aphakia: Aphakia is the absence of the lens of the eye, due to surgical removal, a wound, ulcer, or as a condition present at birth (congenital anomaly).

Keratoconus: A degenerative vision disorder that occurs when the normally round cornea becomes thin and irregular (cone) shaped. This abnormal shape prevents the light entering the eye from being focused correctly on the retina and causes distortion of vision.

Lasik: Eye surgery in which the surface of the cornea is reshaped using a laser, performed to correct certain refractive disorders such as myopia.

PROSE: Prosthetic Replacement of the Ocular Surface Ecosystem (PROSE), a medical treatment for complex corneal disease developed by Boston Foundation for Sight.



Scleral Lens: A contact lens generally worn directly on the sclera, which fits underneath the top and bottom eyelids.

Therapeutic Lens: Lenses that provide visual rehabilitation for diseased or altered eyes.

CPT/HCPCS Codes

Authorized Codes	Code Description
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia , 1 eye
92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia , both eyes
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens
92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia
92315	optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia , 1 eye
92316	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia , both eyes
92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens
92325	Modification of contact lens (separate procedure), with medical supervision of adaptation
92326	Replacement of contact lens
92340	Fitting of spectacles, except for aphakia; monofocal
92341	Fitting of spectacles, except for aphakia; bifocal
92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal
92352	Fitting of spectacle prosthesis for aphakia; monofocal
92353	Fitting of spectacle prosthesis for aphakia; multifocal
92354	Fitting of spectacle mounted low vision aid; single element system
92355	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system

92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)
92370	Repair and refitting spectacles; except for aphakia
92371	Repair and refitting spectacles; spectacle prosthesis for aphakia
V2020	Frames, purchases
V2100-V2121	Spectacle Lenses
V2200-V2221	Bifocal, Glass or Plastic
V2300-V2321	Trifocal, Glass or Plastic
V2500-V2523	Contact Lenses Code Range
V2530	Contact lens, scleral, gas impermeable, per lens
V2531	Contact lens, scleral, gas permeable, per lens
<i>V2627</i>	<i>Scleral cover shell</i>
S0515	Scleral lens, liquid bandage device, per lens

Effective

October 2018: Annual review

August 2017: Annual Review. Changed name of policy to “Therapeutic Lens”. Added coverage criteria for conventional contact lens. Added criteria language on PROSE. Added definitions. Added CPT/HCPCS codes. Updated references.

August 2016: Annual review

August 2015: Annual review

August 2014: Annual review

June 2013: Annual review

June 2012: Effective date

References

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